



New Jersey Department of Environmental Protection

INDOOR AIR BUILDING SURVEY
& SAMPLING FORM

Survey Completed by: _____ Date: _____

Site Name: _____ Case #: _____

Part I - Occupants

Building Address: _____

Property Contact: _____ Owner / Renter / other: _____

Contact's Phone: home () _____ work () _____ cell () _____

Building occupants: Children under age 13 _____ Children age 13-18 _____ Adults _____

Part II - Building Characteristics

Building type: single-family residential / multi-family residential / office / strip mall / commercial / industrial

Describe building: _____

Number of floors - below grade: _____ (full basement / crawl space / slab) at or above grade: _____

Basement size: _____ ft² Basement floor: concrete / dirt / floating / other (specify): _____

Foundation type: poured concrete / cinder blocks / stone / other (specify) _____

Type of ground cover around outside of building: grass / concrete / asphalt / other (specify) _____

Basement sump present? Yes / No Sump pump? Yes / No

Type of heating system (circle all that apply):

hot air circulation hot air radiation wood steam radiation hot water radiation
kerosene heater electric baseboard heat pump other (specify): _____

Type of ventilation system (circle all that apply):

central air conditioning mechanical fans bathroom ventilation fans
individual air conditioning units kitchen range hood fan other (specify): _____

Type of fuel utilized (circle all that apply):

Natural gas / electric / fuel oil / wood / coal / solar / kerosene / outside (fresh) air intake

Septic system? Yes / Yes (but not used) / No Irrigation/private well? Yes / Yes (but not used) / No

Existing subsurface depressurization (radon) system in place? Yes / No and running? Yes / No

Part III - Outside Contaminant Sources

NJDEP Comprehensive Site List (1000-ft. radius): _____

Other stationary sources nearby (gas stations, emission stacks, etc.): _____

Heavy vehicular traffic nearby (or other mobile sources): _____

Part IV – Indoor Contaminant Sources

Identify all potential indoor sources found in the building (including attached garages), the location of the source (floor & room), and whether the item was removed from the building 48 hours prior to indoor air sampling event.

Potential Sources	Location(s)	Removed Prior to Sampling? (Yes / No / NA)
Gasoline storage cans		
Gas-powered equipment		
Kerosene storage cans		
Paints / thinners / strippers		
Cleaning solvents		
Oven cleaners		
Carpet / upholstery cleaners		
Other house cleaning products		
Moth balls		
Polishes / waxes		
Insecticides		
Furniture / floor polish		
Nail polish / polish remover		
Hairspray		
Cologne / perfume		
Air fresheners		
Fuel tank (inside building)		NA
Wood stove or fireplace		NA
New furniture / upholstery		
New carpeting / flooring		NA
Recent painting in building?		NA
Hobbies - glues, paints, etc.		

Part V – Miscellaneous Items

Do any occupants of the building smoke? *Yes / No* How often? _____

Has anyone smoked within the building within the last 48 hours? *Yes / No*

Does the building have an attached garage? *Yes / No*

If so, is a car usually parked in the garage? *Yes / No*

Do the occupants of the building have their clothes dry-cleaned? *Yes / No*

When were dry-cleaned clothes last brought into the building? _____

Have the occupants ever noticed any usual odors in the building? *Yes / No*

Describe (with location): _____

Any known spills of a chemical immediately outside or inside the building? *Yes / No*

Describe (with location): _____

Have any pesticides/herbicides been applied around the building foundation or in the yard/gardens? *Yes / No*

If so, when and which chemicals? _____

Building address: _____

Part VI – Sampling Information

Sample Technician: _____ Phone number: () _____ - _____

Sampler Type: Tedlar / Sorbent / Canister Analytical Method: TO-15 / TO-17 / other: _____

Laboratory: _____ NJ Certified Lab? Yes / No

Sample #	Floor	Room	Canister / Tube #	Pump ID # (if applicable)	Sample Start Date / Time	Sample End Date / Time

Sample location(s):

Provide Drawing of Sample Location(s) in Building

Sample # _____ - _____

Sample # _____ - _____

Sample # _____ - _____

Did the occupants **not** follow any of the “Instructions
for Residents” directions? Yes / No

If so, describe modifications: _____

Part VII - Weather Conditions

Outside temperature at time of sampling: _____ °F

Expected high temperature: _____ °F

Expected low temperature: _____ °F

Was there significant precipitation within 12 hours of (or during) the sampling event? Yes / No

Describe the general weather conditions: _____

Part VIII – General Observations

Provide any information that may be pertinent to the sampling event and may assist in the data interpretation process.

Building address: _____

(NJDEP 1997; NHDES 1998; NYDOH 1997; VDOH 1993; MA DEP 2002)